

Permanency Roundtables  
Information from CQI E-Mails  
Department for Community Based Services

Every region developed great action plans to address various areas related to the PIP. We thought it may be helpful for all of you to see what others are doing. You may find it useful to incorporate some of these tasks in our own region.

**Increasing the percentage of children reunified in less than 12 months and to assure that relative placements are explored in all cases:**

- 2<sup>nd</sup> level CQI case reviewers are searching for documentation of maternal and paternal relatives in the investigation CQAs.
- Workers are required to complete the DPP 1275 relative exploration form for all cases on children in OOHC.
- Relative information is added to the ongoing CQA under Family Support Section.
- The Snapshot of support tool will be completed with the family every 6 months.
- Staff are mandated to hold an FTM to explore all family members that can provide supports to the family at the onset of the case.
- During the investigation phase a 72-hour checklist that includes identifying relatives must be completed by staff.
- Ongoing CQAs must include updated information on relatives and parents (addresses, phone numbers, and new names).
- Supervisor and worker will discuss with clients ASFA and the concurrent planning tool when children enter OOHC and at the 5-day conference
- Ongoing workers will document in the ongoing CQA if the case is concurrent and what permanency goals are currently being worked for the children.
- 2<sup>nd</sup> level CQI reviewers will search for documentation of concurrent planning in the case plan and CQA.
- Staff are required to utilize FTM facilitators for the 6 month FTMs, and to assure 6 month FTMs are held, and that community partners are invited to the meeting.
- Concurrent planning will be discussed with the family prior to and at every FTM.
- FSOS will review concurrent planning policy and permanency goals with their staff in a team meeting and will document this discussion in meeting minutes.
- Provide relative caregivers with an information packet.

**Increasing foster parent/ relative caretaker notification of permanency hearings and their opportunities to be heard:**

- All relative caretakers will be notified of court actions.
- DCBS foster care workers will be added on all review requests.
- Ongoing workers will provide electronic/ written or verbal notification of court hearing to PCC foster care case manager and foster parents. This will be documented in contacts.
- DCBS and PCC foster parents will be trained on the court process and engaging and notifying foster parent of court hearings.
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**Improving the Frequency and quality of Parent/Child and Sibling Visitation:**

- At the 5-day case conference a visitation plan will be made for parents and children and a separate plan for siblings if separated.
- The sibling reunification form will be completed.
- Plans must be specific regarding dates and times. No plan will say "To be left up to..."
- Everyone will leave the meeting with a copy of the plan and it must be entered into TWIST.
- Specific visitation plans for children in residential placements will be explored to include bringing the child home or ways the parents can get to the facility.
- Further train staff and foster parents on the importance of sibling attachment.

- Sibling separation will be tracked by a Gatekeeper, they will assure that visitation schedules are made, entered in TWIST, reunification tasks are identified and completed, and that visits are documented in TWIST. This will begin at month 1 and quarterly. Any issues will be presented to the FSOS and SRAA
- Workers will observe sibling visitation at least quarterly and document their observations in TWIST.
- 2<sup>nd</sup> level review checklist will be updated to include searches for documentation that visits are occurring with parents and between siblings.
- Visitation check list will be completed and filed.
- Worker or FSOS will observe at least 1 parent/child visit per month.
- Work with PCC staff on completing the visitation forms for visits supervised by PCC staff or foster parents.
- Readdress the need for sibling placements at the PCC meeting and discuss the need for supports for families willing to accept sibling groups.
- Develop a packet of simple activities that can be used by siblings/families on visitation.
- Explore options for SKYPE/ Web cams to assist in maintaining connections when families who cannot travel to out of region/state placements.

**Increase the number of children in OOHC who are seen every calendar month that they are in care:**

- Staff will assure that monthly contacts are added in TWIST by the 4<sup>th</sup> of the following month.
- Investigation teams carrying cases with children in OOHC for an entire month will make a visit to the children and document the visit in TWIST by the 4<sup>th</sup>.
- Ensure that staff is seeing children who are placed in a hospital or PRTF monthly, per policy.
- FSOS must monitor the 932 report to assure that documentation is being entered correctly to capture all visits being made to youth in OOHC.
- FSOS Monthly Supervision Checklist will include acknowledgement that they have reviewed TWIST to assure that all contacts are up to date and entered timely.
- Visits to children in OOHC will be a standing agenda item for every FSOS meeting.
- FSOS will assure that placement forms are forwarded to Billing clerks timely and children who have exited care are exited from the TWIST system.
- Establish DCBS gatekeepers to track DPP 1294s and address any issues that arise with staff and/or PCC providers not entering them timely.
- Each team/unit will develop a plan as to how they will ensure that DPP 1294 are entered into TWIST.

**Prevent children from re-entering OOHC:**

- FTMs should be completed for aftercare planning and should include community partners.
- An emphasis needs to be placed on utilizing reunification services and transitioning children back into homes.

**Improving MH/MR Interactions:**

- Regional management will meet quarterly with local MH providers to address any issues.
- Continue to educate supervisors and staff that they are responsible for questionings or challenging any mental health assessment that they may have concerns with.